#### Request for Quote

# City of West Lafayette Redevelopment Commission Parks & Recreation Building Siding Repair/Installation August 19, 2015

This Request for Quote is the official notice of needed construction services for the West Lafayette Redevelopment Commission.

The Contractor shall furnish all labor, equipment, and fasteners necessary to completely repair existing siding and install Tyvek building wrap and new horizontal vinyl siding for approximately 4,364 square feet on the east & west facing exterior walls, and the east side gable end, part of the Parks & Recreation Building at 1101 Kalberer Road. Plywood for patch work, Tyvek building wrap, and vinyl siding will be provided by the City Department of Parks and Recreation.

Contractor's quote shall allow for the:

- 1. Removal of all existing battens.
- 2. Making all necessary repairs to existing wood siding (approximately 256 sq ft of damaged plywood to be repaired) by removing deteriorated wood and replacing with exterior grade plywood, thickness to match existing wood siding.
- 3. Covering all areas with Tyvek building wrap.
- 4. Installing horizontal vinyl siding to match existing on the south side of the equipment bay and be equal to "Certainteed," Mainstreet, double 5", wood grain, Dutch lap, in colonial white.
- 5. Using standard, matching, corner trim, opening trim, and top and bottom termination trim.

The Contractor shall be responsible for the determination and notification of all affected utilities and for the coordination of all work with the utilities and the City. The building permit will be provided by the City.

The Contractor shall carry all necessary insurance coverage and provide a certificate of insurance to the Redevelopment Commission per Redevelopment Commission insurance requirements.

Quotes should be submitted in a sealed envelope identified by "Parks & Recreation Building Siding Repair/Installation" on the outside of the envelope. Quotes should be submitted on the enclosed Quote Sheet to Office of the Clerk-Treasurer, West Lafayette Police Station, 711 W. Navajo St., West Lafayette, IN 47906, by 8:30 a.m. on September 1, 2015 to be considered. Properly executed Non-Collusion Affirmation and Employment Eligibility Verification forms should be submitted with the Quote Sheet.

Quotes will be received to be opened at the public Board of Public Works & Safety meeting at 8:30 a.m. on September 1, 2015, at Morton Community Center, Multi-Purpose Room, 222 N. Chauncey Avenue, West Lafayette.

Quotes will be taken under consideration for the execution of an Agreement Form and the issuance of a purchase order to the most responsive and responsible firm which provides a quote most advantageous to the Board.

Any questions concerning this Request for Quote should be directed to Janet Fawley at <u>jfawley@wl.in.gov</u> or (765) 775-5110 or Jon Munn at <u>jmunn@wl.in.gov</u> or 765-775-5125.

# City of West Lafayette Redevelopment Commission Parks & Recreation Building Siding Repair/Installation September 1, 2015

#### **QUOTE SHEET**

TOTAL LUMP SUM COST TO PROVIDE ALL LABOR, EQUIPMENT, AND FASTENERS NECESSARY TO COMPLETE THE PARKS & RECREATION BUILDING SIDING REPAIR/INSTALLATION PER THE REQUEST FOR QUOTE DATED August 19, 2015:

| BASE QUOTE \$            |        |       |  |
|--------------------------|--------|-------|--|
| ALTERNATE QUOTE          |        |       |  |
| COMPANY NAME:            |        |       |  |
| AUTHORIZED SIGNATURE:    |        | DATE: |  |
| PRINTED AUTHORIZED NAME: |        |       |  |
| PHONE #:                 | FAX #: |       |  |

### NON-COLLUSION AFFIRWATION

| STATE OF INDIANA                                                                                                                           | 25.                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COUNTY OF:                                                                                                                                 | } ss:                                                                                                                                                                                                                                                                 |
| not, nor has any other member, representation partnership represented by him, entered into person relative to the price to be offered by a | y swears, under penalties for perjury, that he has<br>ye, or agent of the firm, company, corporation or<br>any combination, collusion or agreement with any<br>ny person nor to prevent any person from making<br>making an offer and that this offer is made without |
|                                                                                                                                            |                                                                                                                                                                                                                                                                       |
|                                                                                                                                            | Offeror (Firm)                                                                                                                                                                                                                                                        |
| ii                                                                                                     | Signature of Offeror or Agent                                                                                                                                                                                                                                         |
| Before me, a Notary Public in and for said County an                                                                                       | d State personally appeared,                                                                                                                                                                                                                                          |
|                                                                                                                                            | , who acknowledged the truth of the                                                                                                                                                                                                                                   |
| statements in the foregoing affirmation on this                                                                                            | day of, 20                                                                                                                                                                                                                                                            |
| Лу Commission Expires:                                                                                                                     | (written) Notary Public                                                                                                                                                                                                                                               |
|                                                                                                                                            | (printed)                                                                                                                                                                                                                                                             |
|                                                                                                                                            | County of Residence:                                                                                                                                                                                                                                                  |
|                                                                                                                                            |                                                                                                                                                                                                                                                                       |

### CITY OF WEST LAFAYETTE EMPLOYMENT ELIGIBILITY VERIFICATION

| STATE OF INDIANA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | )                                             |                                                                                                                                                                                                                          |
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| COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SS:                                           |                                                                                                                                                                                                                          |
| 20 (10 m) 10 | the penalties of per                          | jury that he/she/it does not knowingly employ a                                                                                                                                                                          |
| employees through the E-Verif                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | y program as defined<br>program cease to ex   | rk eligibility status of all his/her/its newly hired in IC 22-5-1.7-3. The Contractor is not required to ist. Additionally, the Contractor is not required to anotemploy any employees.                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               | nct with an unauthorized alien. The Contractor shal<br>in that the Contractor subsequently learns is an                                                                                                                  |
| the Contractor that the subcontra<br>and that the subcontractor has                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | actor does not knowing enrolled and is parti- | , who perform work under this contract, to certify to<br>ngly employ or contract with an unauthorized alier<br>cipating in the B-Verify program. The Contractor<br>ation of the term of a contract with a subcontractor. |
| The City may terminate for defa<br>thirty (30) days after being notifi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               | fails to cure a breach of this provision no later than                                                                                                                                                                   |
| Dated this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | day of, 20                                    | -                                                                                                                                                                                                                        |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               | Contractor/Bidder (Firm)                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               | Signature of Contractor/Bidder or Its Agent                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               | Printed Name and Title                                                                                                                                                                                                   |
| Subscribed and sworn to I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | before me this                                | day of, 20                                                                                                                                                                                                               |
| fy Commission Expires                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ***************************************       | Notary Public                                                                                                                                                                                                            |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ounty of Residence                            | ,                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                                                                                                                                                          |

F-E-Verify Affidavit\_July 2011.doc